

Summary of Benefits: Effective September 1, 2014

	Plan Pays
DOCTOR'S VISITS	
Office Visit – UWI Health Centre Only	\$350
No. of visits per disability	Unlimited
Home Visit	N/A
No. of visits per disability	Unlimited
Specialist Consultation on referral	\$1,500
No. of visits per disability	Unlimited
Specialist Consultation with no referral	\$350
Direct Access Paediatric Visit (to age 12)	N/A
Direct Access Gynaecological Visit	\$1,500
No. of visits per disability	2
Routine Medical (1 per policy year)	\$350
Psychiatric Care	
1 st 4 visits	\$1,500
Next 20 visits	\$500
Dietician (On referral)	\$1,500
<i>No. of visits per year</i>	2
Podiatrist (reimbursement only)	\$1,500
<i>No. of visits per year</i>	2
Chiropractor (reimbursement only)	\$1,500
<i>No. of visits per year</i>	2
DIAGNOSTIC PROCEDURES	
Laboratory & X-ray, Ultra-sound:	100% of UCR to \$3,000 +
Annual Limit per Member	MM
CT Scan, MRI (pre-authorization req'd)	80% of UCR
PRESCRIPTION DRUGS (100% of Cost to maximum then MM) at Health Centre Only	
Annual Limit per Member	100% Cost to \$6,000 + MM (Preferred Provider Only)
HOSPITALISATION	
Hospital Room & Board (Semi-private room)	80% Cost to \$800
No. of Days per Disability	Unlimited
Public Hospital Ward	100% Cost to \$1,000
Hospital Miscellaneous	80% of Cost
Emergency Accident and Outpatient – 100% of Cost to maximum	\$6,000
In-Hospital Doctor's Visit (non-surgical)	\$700
No. of Days per Disability	Unlimited
Private Nursing (per 8 hour shift)	\$800
Intensive Care	80% UCR up to \$30,000
No. of visits per annum	30

	Plan Pays
SURGERY – 80% of Basic Amount or 75% of Cost + Major Medical	
Maximum Surgeon's Fee	\$30,000 + MM
Maximum Assistant Surgeon's Fee	\$12,000 + MM
Maximum Anaesthetist's Fee	\$12,000 + MM
MATERNITY – In lieu of all other Benefits	
Normal Delivery:	
In-Hospital Expenses	N/A
Other Expenses	N/A
Caesarean Section:	
In-Hospital Expenses	N/A
Other Expenses	N/A
Miscarriage	N/A
MISCELLANEOUS	
Physiotherapy/Speech Therapy	\$800
No. of visits per disability	Unlimited
Immunization (to age 12) – per contract yr.	N/A
Tubal Ligation/Vasectomy	N/A
Radiotherapy	80% of UCR
Chemotherapy	80% of UCR
Renal Dialysis	80% of UCR
Hearing Aid – Each Ear – Once Every 3 years	80% of Cost to \$10,000
Local Ambulance	80% of UCR
MAJOR MEDICAL	
Deductible	\$2,000
Room & Board - Local	N/A
LIFETIME MAXIMUM	\$1,000,000
OVERSEAS NON-EMERGENCY CARE (Pre-authorization required)	N/A